

WORKFIRST WORK EXPERIENCE (WEX) REFERRAL

AGREEMENT NUMBER

COMMUNITY SERVICES OFFICE NUMBER

REFERRAL

PARTICIPANT'S NAME

SOCIAL SECURITY NUMBER

The participant named above is referred to the designated Work Experience Project established with the WEX Agency indicated below:

WEX AGENCY'S NAME

TELEPHONE NUMBER

WEX AGENCY'S ADDRESS

PROJECT LOCATION

PROJECT SUPERVISOR'S NAME

This assignment will begin at (time):

on (date):

PROJECT DESCRIPTION

1. JOB TITLE

2. DOT CODE

3. HOURS PER WEEK

4. TOTAL WEX PROJECT

5. PROJECT END DATE

Hours:

Weeks:

6. PARTICIPANT'S OCCUPATIONAL GOAL

7. NARRATIVE DESCRIPTION OF THE WORK EXPERIENCE PROJECT

8. WORK EXPERIENCE TRAINING OBJECTIVES

9. DESCRIBE SUPERVISION TO BE PROVIDED

WEX AGENCY REPRESENTATIVE'S SIGNATURE

DATE

WEX AGENCY REPRESENTATIVE'S SIGNATURE

DATE

PRINT NAME

PRINT NAME

TITLE

TITLE

SERVICE PROVIDER NAME AND ADDRESS